



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING
SUSSEX COUNTY (302)739-5487 TIME: 6:15 P.M. TO 7:15 P.M.



REGISTRATION FOR ADMINISTRATION OF MEDICATION CERTIFICATION TEST

State law requires that only individuals who have successfully completed a state approved test with a grade of at least 80% may administer medication in child care. Prior to taking the test, you must study the *Administration of Medication Self-Study* packet located at: http://kids.delaware.gov/pdfs/occl_administration_of_meds_2005.pdf

The test will be conducted and monitored by a Registered Nurse who will be available from 6:15 p.m. to 6:30 p.m. on the testing night to answer any questions you or your staff may have about the content of the self-study packet. The testing begins at 6:30 p.m. and ends at 7:15 p.m. Admittance to the testing session will not be permitted after the test begins so do not arrive late. **Photo ID is required to attend the session.**

The registration for classes is \$10.00 per person. Payment is **NON-REFUNDABLE**. For child care centers, please list the names of staff to attend on a separate page. Only those individuals who are at least 18 years old, who are employed with a licensed facility, have prepaid, and registered will be permitted to attend. Please select an alternate date for which you could attend. You are registered for your first choice unless otherwise notified. A new registration slip and additional money order is required if you fail to attend or if you reschedule your test.

SUSSEX COUNTY TESTING LOCATION →
DO NOT MAIL THIS REGISTRATION FORM TO THIS ADDRESS (SEE INSTRUCTIONS BELOW)

GEORGETOWN STATE SERVICE CENTER
PUBLIC HEALTH CONFERENCE ROOM
546 SOUTH BEDFORD STREET
GEORGETOWN, DELAWARE 19947

Wednesday, September 17, 2014

Wednesday, October 15, 2014

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REGISTRATION SLIP FOR SUSSEX COUNTY [PLEASE PRINT LEGIBLY]

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|----------------------------------------------|------------------------|------|
| NAME: (PRINT LEGIBLY) | YOUR PHONE #: | DOB: |
| STREET ADDRESS: | CITY/STATE/ZIP: | |
| IF YOU WORK FOR A CENTER: NAME OF CENTER: | CENTER PHONE #: | |
| TESTING DATE: 1 ST CHOICE | 2 ND CHOICE | |

MAKE MONEY ORDERS PAYABLE TO: STATE OF DELAWARE/DFS

➤ **NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY** ◀

**MONEY ORDER MUST BE COMPLETED IN FULL.
INCOMPLETE MONEY ORDERS WILL BE
RETURNED.**

Detach and mail registration to:

OFFICE OF CHILD CARE LICENSING
821 SILVER LAKE BLVD, SUITE 103
DOVER, DELAWARE 19904

\$10.00 PER PERSON